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Healthcare Licensing and Surveys

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FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF010	A. BUILDING _____ B. WING _____	03/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF EVANSTON	1949 WEST UINTA STREET EVANSTON, WY 82930

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Opening Comments Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 12/12/2007 Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001 A complaint survey was conducted by Healthcare Licensing and Surveys from 3/25/18 to 3/27/18. The survey was prompted by complaint intake LIC-18-020. The following common abbreviations are used throughout this document: ALF- Assisted Living Facility CNA- Certified Nurse Aide RN- Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	S 000		
S5000	Ch 12 Sec 6 (a)(I)(A-K) Personnel And Staffing Requirements (a) Management. If the assisted living facility has a governing body, it must designate a manager. If there is no governing body, the owner shall appoint a manager. (i) The manager shall: (A) Be at least twenty-one (21) years of age; (B) Assume the overall responsibility for the day-to-day operation of the facility;	S5000		

Accepted on 6/29/18 by Lori Ruess

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S5000	Continued From page 1 (C) Direct the work of others, including the training and development of staff; (D) Be able to read, write, and speak English; (E) Maintain financial and other records; (F) Have a telephone with a listed number in the phone directory under the name of the assisted living facility; (G) Be familiar with and follow the State's promulgated Assisted Living Facility Licensure and Program Administration Rules; (H) Pass an open book test on the same. The open book test shall be administered by the Program Division. The passing score will be 85% or greater. Those individuals who successfully completed the examination administered by the Licensing Division shall have their test scores honored; (I) The manager shall provide an acceptable plan of correction to the Licensing Division within ten (10) days of the date when a statement of deficiencies is received by the assisted living facility; (J) The manager shall not act as, or become the legal guardian or conservator of, or have power of attorney for any resident of the facility; and (K) The manager shall meet one or more of the following requirements: (I) The manager shall have completed	S5000		

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S5000	Continued From page 2 at least forty-eight (48) semester hours or seventy-two (72) quarter hours of post secondary education in healthcare, elderly care, health case management, facility management, or other related field from an accredited college or institution; or (II) Have completed at least two (2) years experience working with elderly or disabled individuals. This experience may have been paid, full-time employment, or time equivalent in part-time employment or volunteer work that is directly involved with the elderly or disabled. This State Rule and Regulation is not met as evidenced by: Based on staff interview, review of personnel files, and review of Licensing Division records, the facility failed to ensure a qualified manager was appointed. The findings were: Interview with CNA #1 on 3/26/18 at 2:10 PM revealed the facility manager would not be in. When the CNA tried to contact her, the manager responded she was not accepting calls or text messages. The CNA contacted the owner, who was located in another city, by phone during the day as needed. Review of personnel files failed to show an employee file for the manager. Telephone interview with the owner on 3/26/18 at 4:50 PM verified the manager should have a personnel file at the facility. He verified the manager was under the age of 21 and he had not been aware of the age requirement. Further, he thought the manager had taken the qualifying examination but it may have not been forwarded	S5000		

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S5000	Continued From page 3 onto the licensing division. Review of the licensing divisions records failed to show the manager was considered qualified as an ALF manager.	S5000		
S5020	Ch 12 Sec 7 (b)(i)(A) Assisted Living Facility (ALF) Core Services (b) Resident Assessment and Services. The staff/contract Registered Nurse (RN) shall conduct initial and, at a minimum annually, an accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. (i) The completion of the ALF 102. (A) The current version of the ALF 102 is the designated screening tool. The form may be updated and/or revised periodically by the Program Division. Providers will be notified of changes in the form. The following guidelines apply to the ALF 102; (I) The ALF 102 is only valid if completed within forty-five (45) days prior to admission and there is no change in the resident's condition. (II) The ALF 102 must be completed and signed by an RN. (III) The ALF 102 may be completed telephonically; however, it must be verified in person by an RN. (IV) A new ALF 102 shall be completed at least annually, and when there is a change in the resident's condition.	S5020		

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S5020	Continued From page 4 This State Rule and Regulation is not met as evidenced by: Based on medical record review, and staff interview, the facility failed to complete the required ALF 102 (designated screening tool) for 6 of 6 sample residents (#1, #2, #3, #4, #5, #6). The findings were: 1. Review of the medical record for resident #1 showed an admission date of 1/31/2014. The record contained an ALF 102 form dated 1/23/15. There was no evidence of more recently completed ALF 102s. 2. Review of the medical record for resident #2 showed information was lacking, including any ALF 102 form. 3. Review of the medical record for resident #3 showed an admission date of 7/15/2016. Information was lacking, including any ALF 102 form. 4. Review of the medical record for resident #4 showed an admission date of 6/7/2014. Information was lacking, including any ALF 102 form. 5. Review of the medical record for resident #5 showed information was lacking, including any ALF 102 form. 6. Review of the medical record for resident #6 showed it was empty. There was no current information available at the facility other than incidents in the communication book. An ALF 102 form was not located. 7. Interview with RN #1 on 3/27/18 at 11:02 AM	S5020		

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S5020	Continued From page 5 revealed he was under contract to perform nursing services for the facility, he was unaware of the ALF 102 form, and completion of this form was not something the contract included. 8. Interview with the owner on 3/26/18 at 10:48 AM verified information was expected to be available in the resident records.	S5020		
S5022	Ch 12 Sec 7 (b)(iii)(A-B) Assisted Living Facility (ALF) Core Services (b) Resident Assessment and Services. The staff/contract Registered Nurse (RN) shall conduct initial and, at a minimum annually, an accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. (iii) The Registered Nurse shall make an initial assessment of the resident's needs, which describes the resident's capability to perform ADLs and notes all significant impairments in functional capability. (A) Initial assessment. A current assessment shall be maintained in each resident's file. (B) The assessment shall include at least the following information: (I) Medically defined conditions and prior medical history; (II) Physical status; (III) Sensory and physical impairments;	S5022		

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S5022	Continued From page 6 (IV) Nutritional status and requirements; (V) Special treatments and/or procedures; (VI) Mental and psychosocial status; (VII) Discharge potential; (VIII) Dental condition; (IX) Activities potential; (X) Rehabilitation potential; and (XI) Medication regimen. (1.) Documentation of resident's ability to self-medicate. This State Rule and Regulation is not met as evidenced by: Based on medical record review, staff interview, and contract staff interview, the facility failed to ensure an RN assessment of the resident's functional capacity, physical assessment and medication review was available at the facility in the resident's file. These assessments were lacking for 6 of 6 sample residents reviewed (#1, #2, #3, #4, #5, #6). The findings were: Review of the medical records for resident's #1, #2, #3, #4, #5, #6 showed there was no RN assessment information available. Interview with the owner on 3/26/18 at 10:48 AM revealed the RN services were contracted, and he was not aware the assessment information was not available at the facility. The owner stated a check list had been created and included in the records	S5022		

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S5022	Continued From page 7 to ensure all required information was available. He stated the staff had been working on this and he was unaware it was not completed. Interview with contracted RN #1 on 3/27/18 at 11:02 AM revealed the RN assessments that were being completed for the residents were not on ALF forms. The assessments they were completing for the residents were done the same as a home health client assessment on the Federal OASIS assessment forms. These forms were then maintained in the home health agency's electronic record system bearing the name of the home health agency.	S5022		
S5025	Ch 12 Sec 7 (b)(vi)(A-B) Assisted Living Facility (ALF) Core Services (b) Resident Assessment and Services. The staff/contract Registered Nurse (RN) shall conduct initial and, at a minimum annually, an accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. (vi) Resident assistance plan. (A) An RN shall develop an assistance plan for each resident. (B) Each facility shall construct its own forms for such plans, which at a minimum shall contain documentation of the following: (I) Who will provide the care/services; (II) What care/services will be provided; (III) When will care/services be	S5025		

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S5025	Continued From page 8 provided; (IV) How the care/services will be provided; (V) The expected outcome; (VI) Resident participation in development of the assistance plan to the extent of his ability to do so. A relative or other interested party may also participate; and (VII) Dated signature of the RN, the faiclity manager, and the resident or the resident's responsible party. This State Rule and Regulation is not met as evidenced by: Based on medical record review, and staff interview, the facility failed to ensure a resident assistance plan was developed for 6 of 6 sample residents (#1, #2, #3, #4, #5, #6) reviewed. The findings were: Review of the medical records for resident's #1, #2, #3, #4, #5, #6 showed there was no RN assessment information available. In addition, there were no resident assistance plans available. Interview with the owner on 3/26/18 at 10:48 AM revealed RN services were contracted, and he was not aware assessment and resident assistance plan information were not available at the facility. The owner stated a check list had been created and included in the records to ensure all required information was available. He stated the staff had been working on this and he was unaware it was not completed. Interview on 3/26/18 at 3:30 PM with CNAs #1 and #2 confirmed there were no care plans or	S5025		

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S5025	Continued From page 9 resident assistance plans. The CNAs have worked with the resident's and know them and what they need, and the resident's can tell them what they need help with. Interview with RN #1 on 3/27/18 at 11:02 AM revealed the RN assessments that were being completed for the residents were not completed on ALF forms. The assessments that were being completing for the residents were the home health client assessments on Federal OASIS assessment forms. These forms were then maintained in a local home health agency's electronic record system bearing the name of the home health agency. The RN stated there were some assistance plan goals included as part of the OASIS assessment; however, there were no separate documents developed that included the ALF staff, or the resident or responsible party's participation.	S5025		
S5054	Ch 12 Sec 7 (e)(i)(A-K) Assisted Living Facility (ALF) Core Services (e) Resident Records and Reports. Each resident's records shall be current, organized and maintained in individual folders which shall be made available to the resident, the Licensing Division, or designated representative upon request. (i) Each folder shall include the following: (A) Information from the referring agent, if applicable; (B) History and physical performed by a physician or physician extender;	S5054		

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S5054	Continued From page 10 (C) Individual admission form. The form shall, at a minimum, contain the following information: (I) Full name of resident and former address; (II) Date of admission; (III) Sex, race, date of birth, social security number, and former occupation; (IV) Name, home address, and telephone number of relative, friend, Power of Attorney, or guardian; (V) Name, address, and telephone number of resident's personal physician, dentist, ophthalmologist or optometrist; (VI) Medicare number of other medical insurance identifying data; (VII) A written inventory of all personal possessions; however, this inventory need not include personal clothing. (D) All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitation shall be reported to the resident's family or responsible party and be documented in the individual resident records. All such occurrences shall also be reported to the appropriate entity for follow up and resolution. Reports of all incidents affecting the health, welfare or safety of a resident shall be provided to the Licensing Division immediately (within one business day). Reporting shall be done by telephone or fax. The facility's investigation of	S5054		

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S5054	Continued From page 11 the incident shall be reported to the Licensing Division and the Long Term Care Ombudsman within five (5) working days. Documentation to support the facility reporting the situation and follow up must also be present in the resident records; (E) An accounting of all personal funds deposited with and disbursed by the facility; (I) Upon written authorization of a client, the facility must hold, safeguard, manage and account for the personal funds of the client. (1.) The facility must deposit any personal funds in excess of $100 in an interest bearing account. (2.) The facility must establish and maintain a system that assures a full and complete and separate accounting according to generally accepted accounting principles of each resident's personal funds entrusted to the facility. (3.) Upon the death of a resident with a personal fund deposited with the facility, the facility must convey, within 30 days, the resident ' s funds a final accounting of those funds, to the individual or probate jurisdiction administering the resident ' s estate. (4.) The facility must not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid or Medicare except for applicable deductible and coinsurance amounts. (F) A signed copy of the resident's rights;	S5054		

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S5054	Continued From page 12 (G) The resident's assessment and individualized assistance plan; (H) Copies of all applicable resident assistance contracts, signed by both parties; (I) Written acknowledgment of the receipt and explanation of all facility policies including admission/discharge policies; (J) Copy of all ALF 102's; and (K) Copy of outside contractual responsibilities, if applicable. This State Rule and Regulation is not met as evidenced by: Based on medical record review, staff interview, and review of facility incident reports, the facility failed to ensure resident records contained pertinent/required information for 6 of 6 sample residents (#1, #2, #3, #4, #5, #6). In addition, the facility failed to ensure 5 random incidents reviewed involving resident safety and health were reported as required to the Licensing Division. The findings were: 1. Review of the medical records for residents #1, #2, #3, #4, #5 and #6 showed they lacked required information. The record binder for resident #6 was empty; the other records did not contain a current ALF 102, RN assessment or resident assistance plan. Review of a communication binder showed this was where the CNAs made notes and documented incidents and concerns. Information related to these communications were not included in the	S5054		

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S5054	Continued From page 13 individual records. 2. Review of incident report forms showed the following incidents that had not been reported to the Licensing Division: a. Review of a 2/27/18 incident report showed resident #7 had slipped and fallen on ice while outside at the facility. The resident was taken to the hospital where s/he was diagnosed with a hip fracture. The incident form showed the owner was notified, and family notification was attempted. The form was not completed; it lacked the manager's signature and there were no attached notes as to any investigation or interventions put into place. There were no evidence this incident was reported to the Licensing Division. b. Review of the incident report dated 1/14/18 timed at 7:20 PM showed resident #1 was having behaviors and throwing food. Vitals signs were taken by the CNA and a call placed to the RN. The resident became non-responsive and "EMT/911" was called. The report showed the manager, and the resident's guardian were notified. The resident was admitted to the hospital. Interview with RN #2 on 3/26/18 at 9:30 AM revealed the resident was later admitted to a psychiatric unit and had recently returned to the facility after being at the psychiatric unit for about 2 months. She stated the resident had medication changes that had impacted his/her behaviors and there continued to be concerns. There was no evidence this incident was reported to the Licensing Division. c. Review of additional incident reports showed on 3/19/18 resident #1 was threatening to a staff member, and was kicking and punching the walls. On 3/20/18 the resident was in the dining room and threw and broke a coffee mug, on 3/22/18 the resident was having behaviors	S5054		

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S5054	Continued From page 14 which included "slamming the door- throwing stuff at the walls yelling.." These incident reports were not completed showing a blank for the managers acknowledgment and actions taken. Further, there was no evidence these incidents were reported to the Licensing Division. 3. Interview on 3/26/18 at 10:48 AM with the owner verified these incidents were not reported to the Licensing Division. He confirmed additional education related to the incident-reporting rules was needed. Additionally, the owner revealed RN services for the facility were contracted, and he was not aware the assessment information was not available at the facility. The owner stated a check list had been created and included in the records to ensure all required information was available. He stated the staff had been working on this and he was unaware it was not completed.	S5054		

Willow Creek
ElderCare Communities

Evanston

Survey Date: March 27, 2018

ID Prefix Tag

S5000 Ch 12 Sec 6 (a)(i)(A-K) Personnel and Staffing Requirements

1. The facility hired a manager, who meets state standards.
2. The manager took the state open book test on 05/20/2018.
3. Managers employee file and new employee paperwork will be audited by June 20, 2018.
4. Monthly QA meetings will be held where employee files will be discussed
5. Each employee file will be audited every 6 months by the facility Manager.
6. In the event a new manager needs hired the facility will follow the following standards: The Manager shall:
   (A) Be at least twenty-one (21) years of age;
   (B) Assume the overall responsibility for the day-to-day operation of the facility;
   (C) Direct the work of others, including the training and development of staff;
   (D) Be able to read, write, and speak English;
   (E) Maintain financial and other records;
   (F) Have a telephone with a listed number in the phone directory under the name of the assisted living facility;
   (G) Be familiar with and follow the State's promulgated Assisted
   (H) Pass an open book test on the same.
7. Date of compliance 05/20/2018.

S5020 Ch 12 Sec 7 (b)(i)(A) Assisted Living Facility (ALF) Core Services

1. The facility has contracted an RN with to fulfil the needs of the residents through assessments after an incident, change in condition, or discharge from hospital or rehabilitation facility.
2. The DON will complete all admission assessments and complete an ALF-102 and any other assessment paperwork the DON feels is warranted or needed prior to admission.
3. Resident 4 discharged
4. Resident 1, 2, 3, 5, and 6 will have a new assessment and current ALF filled out prior to June 30, 2018. The assessment will be completed by the DON or contract RN.

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5. Each resident chart will be audited prior to June 30, 2018 and will be discussed in monthly QA..
6. Resident charts, incidents, change in conditions, or any other resident concerns will be discussed in monthly QA.
7. QA will be completed by June 30, 2018 and will be held monthly thereafter.
8. Each resident chart will be audited every 6 months to ensure compliance by RN or DON.
9. Date of compliance 06/30/2018.

S5022 ch 12 Sec 7 (b)(iii)(A-B) Assisted Living Facility (ALF) Core Services

1. The DON or RN will complete self-medication assessments on all residents who self-administer medications every 62 days.
2. All current residents (resident 4 discharged) will have an assessment and ALF-102 which includes but is not limited to; medical and past medical conditions, physical status, sensory and physical impairments, nutritional status, special treatments and/or procedures, mental and psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, and medication regimen completed by the DON prior to 06/30/2018.
3. The facility has contracted an RN to fulfil the needs of the residents through assessments after an incident, change in condition, or discharge from hospital or rehabilitation facility.
4. All residents change in condition, care needs, medication needs, or any other care needs will be discussed in monthly QA meeting.
5. Charts will be audited initially by June 30, 2018 and then every 6 months thereafter.
6. Date of compliance 06/30/2018.

S5025 Ch 12 Sec 7 (b)(vi)(A-B) Assisted Living Facility (ALF) Core Services

1. The DON or RN will complete an initial, annual, or with any change of condition assessment of each resident's functional capacity, physical assessment, and medication review.
2. Each residents chart will be audited and updated by June 30, 2018.
3. Monthly QA meetings will occur to discuss any care need changes with residents. Dote of compliance June 30, 2018.
4. Each residents chart will be audited every 6 months thereafter.
5. The DON or RN will develop an assistance plan (by 06/30/2018) for each current resident 1, 2, 3, 5, and 6 (resident 4 discharged) which contains:
    A.) Who will provide care services
    B.) What care/services will be provided
    C.) When will care/services be provided

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D.) How the care/services will be provided
E.) The expected outcome
F.) Will have resident participate in the development of the assistance plan within their ability to do so
G.) Each care plan will have a signature and date of the assessment by the RN, facility manager, and the resident/resident's responsible party.

S5054 Ch 12 Sec 7 (e)(i)(A-K) Assisted Living Facility (ALF) Core Services

1. Each resident will have a record and report individual file which shall contain:
   A.) Referring agent information
   B.) History and Physical performed by a physician or physician extender
   C.) An individual admission form containing: full name of resident and former address, date of admission, sex, race, date of birth, social security number, former occupation, name, home address, and telephone number of relative of POA, name, address, and telephone number of primary provider, dentist, optometrist, or ophthalmologist, Medicare and other insurance number, written inventory of all personal possessions excluding clothing items.
   D.) All accidents, injuries, illnesses, and allegations of abuse shall be documented and reported to the resident's family or responsible party.
   E.) All appropriate accidents, injuries, illnesses, and allegations affecting the health and welfare of the resident will be reported to the Licensing Division within 24 hours of occurrence, and an investigative report will be sent to the Licensing Division or Ombudsmen within five working days.
   F.) Any resident who requests personal funds be held will have monies documented and safe-guarded.
   G.) Any resident wishing to have more than $100 of personal funds held will have funds deposited into an interest bearing account. The resident's wishes to hold personal funds will be in writing and the transaction will be documented in the resident's chart.
   H.) The facility will hold a separate accounting sheet for any resident wishing to have more than $100 in funds retained.
   I.) Each resident will have a signed copy of resident's rights
   J.) Each resident who requires assistance contracts shall have them signed by both parties
   K.) Each resident will receive and sign admission/discharge policies
   L.) Each resident's chart will contain a current ALF-102
   M.) Each resident will have signed by both parties any third party provider service contracts.

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N.) Each current resident 1, 2, 3, 5, 6 (resident 4 discharged) will be audited and will each have a full chart including the above aforementioned prior to June 30, 2018 with monthly QA meetings to discuss resident care needs and changes to charts.

2. Date of compliance 06/30/2018.

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